DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Docket Number (optional)

60322-USA2

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

| my residence, post office a | addiess and onlectionip are as star | ou bolow flox: to my floring. | |
|--|--|---|--|
| inventor (if plural names are liste | first and sole inventor (if only one d below) of the subject matter whind the subject matter whind the stituted Azacyclic Derivatives, the stituted Azacyclic Derivatives. | ch is claimed and for which a pat | ent is sought on the |
| was filed on July 1, 20 Number PCT/US2004 | <u>04,</u> as United States Application N 021314 and was amended on | lumber or PCT In (if applicable). | ternational Application |
| | eviewed and understand the conte | | |
| I acknowledge the duty to | disclose information which is mate | rial to patentability as defined in | 37 CFR §1.56. |
| I hereby claim foreign prior inventor's certificate, or §365(a) United States, listed below and h | rity benefits under 35 USC §119(a) of any PCT International application ave also identified below, by check tractional application having a filing |)-(d) or §365(b) of any foreign ap n which designated at least one o king the box, any foreign applicat | plication(s) for patent or country other than the ion for patent or |
| Prior Foreign Application(s) | | | Priority Not Claimed |
| • | • | | |
| (Number) | (Country) | (Day/Month/Year Filed) | |
| | | | |
| (Number) | (Country) | (Day/Month/Year Filed) | - |
| I hereby claim the benefit under | 35 USC §119(e) of any United Sta | tes provisional application(s) liste | ed below. |
| 60/485,297 | July 7, 2003 | | |
| (Application Number) | (Filing Date) | | |
| | | | |
| (Application Number) | (Filing Date) | - | |
| (Application Number) | (Filing Date) | | |
| International application designat of this application is not disclose first paragraph of 35 USC §112, | under 35 USC §120 of any United ing the United States, listed below d in the prior United States or PCT acknowledge the duty to disclose available between the filing date of plication. | and, insofar as the subject matter International application in the m information which is material to | er of each of the claims nanner provided by the patentability as defined |
| (Application Number) | (Filing Date) | (Status - patented, p | pending, abandoned) |
| I hereby appoint the follow the Patent and Trademark Office | ing attorney(s) and/or agent(s) to p | prosecute this application and to | transact all business in |
| John M. Sheehan - 26,065 | Marcia D. Pintzuk -33,756 | | |
| Paul A. Fair - 35,866 | | | |
| Address all telephone calls to: | John M. Sheehan at 215-299-6 | 966 | |
| Address all correspondence to: | Patent Administrator FMC Corporation 1735 Market Street Philadelphia, Pennsylvania 1910 | 3 | |
| I hereby declare that all sta | atements made herein of my own k | knowledge are true and that all st | atements made on |

information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued

| Full name of sole or first inventor (given name, family name): | Syed F. All | | |
|--|------------------------------|--|--|
| Inventor's signature: | Date: | | |
| Residence: Yardville, NJ | Citizenship: US | | |
| Post Office Address: 34 Amsterdam Road, Yardville, NJ 0862 | 20 | | |
| Additional inventors are being named on separately numb | ered sheets attached hereto. | | |

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (continued)

For the invention entitled: Pesticidal N-Substituted Azacyclic Derivatives

| Full name of second joint inventor, if any (given name, far | mily name): | Stephen F. Donovan | | |
|---|--------------|--------------------|--|--|
| Inventor's signature: | Date: | | | |
| Residence: Revere, PA | Citizenship: | United States | | |
| Post Office Address: P.O. Box 121, Revere, PA 18953 | | | | |
| Full name of third joint inventor, if any (given name, family | y name): | Leo B. Dungan | | |
| Inventor's signature: | Date: | | | |
| Residence: Lumberton, NJ | Citizenship: | United States | | |
| Post Office Address: 8 Nutmeg Way, Lumberton, NJ 08048 | | | | |
| Full name of fourth joint inventor, if any (given name, family name): David M. Roush | | | | |
| Inventor's signature: | Date: | | | |
| Residence: Princeton, NJ | Citizenship: | United States | | |
| Post Office Address: 14 Hamilton Avenue, Princeton, NJ 08542 | | | | |
| Full name of fifth joint inventor, if any (given name, family | name): | George Theodoridis | | |
| Inventor's signature: | Date: | | | |
| Residence: Princeton, NJ | Citizenship: | United States | | |
| Post Office Address: 45 Monroe Lane, Princeton, NJ 08540 | | | | |
| Full name of sixth joint inventor, if any (given name, famil | y name): | Thomas M. Zydowsky | | |
| Inventor's signature: | Date: | · | | |
| Residence: Brooklyn, NY | Citizenship: | United States | | |
| Post Office Address: 220 Senator Street, Brooklyn, NY | 11220 | | | |
| Full name of seventh joint inventor, if any (given name, fa | mily name): | Rao S. Bhandaru | | |
| Inventor's signature: | Date: | | | |
| Residence: Belle Mead, NJ | Citizenship: | us | | |
| Post Office Address: 4 Westminster Court, Belle Mead, NJ 08502 | | | | |
| Full name of eighth joint inventor, if any (given name, family name): | | | | |
| Inventor's signature: | Date: | | | |
| Residence: | Citizenship: | | | |
| Post Office Address: | • | | | |
| Full name of ninth joint inventor, if any (given name, family name): | | | | |
| Inventor's signature: | Date: | | | |
| Residence: | Citizenship: | | | |
| Post Office Address: | | | | |
| Full name of tenth joint inventor, if any (given name, family name): | | | | |
| Inventor's signature: | Date: | | | |
| Residence: | Citizenship: | | | |
| Post Office Address: | - | | | |